

SERFF Tracking Number: EWLE-128064323 State: Arkansas
Filing Company: Leaders Life Insurance Company State Tracking Number:
Company Tracking Number:
TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &
Dismemberment Dismemberment
Product Name: Group Non Contrib ADD
Project Name/Number: /

Filing at a Glance

Company: Leaders Life Insurance Company
Product Name: Group Non Contrib ADD SERFF Tr Num: EWLE-128064323 State: Arkansas
TOI: H03G Group Health - Accidental Death & SERFF Status: Closed-Approved State Tr Num:
Dismemberment
Sub-TOI: H03G.000 Health - Accidental Death Co Tr Num: State Status: Approved-Closed
& Dismemberment
Filing Type: Form
Author: Suzanne Heasley
Date Submitted: 02/02/2012
Reviewer(s): Donna Lambert
Disposition Date: 02/06/2012
Disposition Status: Approved
Implementation Date: 03/06/2012
Implementation Date Requested:
State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:
Explanation for Combination/Other: Market Type:
Submission Type: Overall Rate Impact:
Filing Status Changed: 02/06/2012
State Status Changed: 02/06/2012 Deemer Date:
Created By: Suzanne Heasley Submitted By: Suzanne Heasley
Corresponding Filing Tracking Number:
Filing Description:
See attached submission letter.

Company and Contact

Filing Contact Information

Suzanne Heasley, Compliance sheasley@lewisellis.com
2325 Havard Oak Drive 972-398-3733 [Phone]
Plano, TX 75074

Filing Company Information

SERFF Tracking Number: EWLE-128064323 State: Arkansas
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(This filing was made by a third party - lewisandellisincorporated3)

Leaders Life Insurance Company CoCode: 74799 State of Domicile: Oklahoma
P O Box 35768 Group Code: Company Type:
Tulsa, OK 74153 Group Name: State ID Number:
(800) 725-5433 ext. [Phone] FEIN Number: 73-1333608

Filing Fees

Fee Required? Yes
Fee Amount: \$200.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Leaders Life Insurance Company	\$200.00	02/02/2012	56043673

SERFF Tracking Number:	EWLE-128064323	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	02/06/2012	02/06/2012

<i>SERFF Tracking Number:</i>	<i>EWLE-128064323</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Leaders Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H03G Group Health - Accidental Death & Dismemberment</i>	<i>Sub-TOI:</i>	<i>H03G.000 Health - Accidental Death & Dismemberment</i>
<i>Product Name:</i>	<i>Group Non Contrib ADD</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 02/06/2012

Implementation Date: 03/06/2012

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: EWLE-128064323 State: Arkansas

Filing Company: Leaders Life Insurance Company State Tracking Number:

Company Tracking Number:

TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &
Dismemberment Dismemberment

Product Name: Group Non Contrib ADD

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Compliance Certification	Approved	Yes
Supporting Document	Submission letter	Approved	Yes
Supporting Document	Variability Statement	Approved	Yes
Supporting Document	Authorization	Approved	Yes
Form	Application and Agreement	Approved	Yes
Form	Group Policy	Approved	Yes
Form	Employee Enrollment form	Approved	Yes
Form	Certificate	Approved	Yes

SERFF Tracking Number: EWLE-128064323 State: Arkansas

Filing Company: Leaders Life Insurance Company State Tracking Number:

Company Tracking Number:

TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment

Product Name: Group Non Contrib ADD

Project Name/Number: /

Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved 02/06/2012	GNCADD- AA (02/12)	Application/ Application and Enrollment Agreement Form	Initial			Group Policy Application and Agreement.pdf
Approved 02/06/2012	GNCADD- GP (02/12)	Policy/Cont Group Policy ract/Fratern al Certificate	Initial			Group AD&D Policy.pdf
Approved 02/06/2012	GNCADD- EE (02/12)	Application/ Employee Enrollment Enrollment form Form	Initial			Employee Enrollment Form.pdf
Approved 02/06/2012	GNCADD- CERT (02/12)	Certificate Certificate	Initial			Certificate.pdf



1350 S. Boulder, Suite 900, Tulsa, OK 74119

**APPLICATION AND AGREEMENT
GROUP NON-CONTRIBUTORY ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

Leaders Life Insurance Company AGREES to issue a Non-Contributory Group Accidental Death and Dismemberment (AD&D) policy to the Employer shown below. The AD&D policy is being offered as a promotional program for the implementation of Leaders Life Insurance Company's voluntary worksite insurance program. Leaders Life Insurance Company will issue to the Employer a master policy as well as certificates for each employee enrolled as a Covered Person under the Group Non-Contributory Accidental Death and Dismemberment Policy providing the following benefits:

COVERAGE AMOUNT PER COVERED PERSON

Accidental Death: [Min. \$1,000; Max. \$10,000 in increments of \$100]

Accidental Dismemberment Principal Sum: [Min. \$1,000; Max. \$10,000 in increments of \$100]

[Benefits reduce [25%] at age intervals of 65, 75, 80 and 85.]

The Group Non-Contributory Accidental Death and Dismemberment Policy may be renewed with mutual agreement of both the Employer and Leaders Life Insurance Company up to a maximum of [Minimum 1; maximum 10 in increments of 1 year] years from the Effective Date of the policy.

The Employer, in consideration for the Non-Contributory Group Accidental Death and Dismemberment Policy to be issued in connection with this promotional program AGREES to provide full support and cooperation in the enrollment process for the voluntary worksite insurance program which includes but is not limited to:

- Produce and distribute an announcement letter with the date and time of the enrollment on the Employer's letterhead.
- Distribute payroll stuffers produced by Leaders Life Insurance Company.
- Post announcement materials in conspicuous locations including the location of the enrollment.
- Identify individuals to assist in the enrollment.
- Provide an individual to introduce enrollment personnel at employee meetings.

Either the Employer or Leaders Life Insurance Company may cancel this agreement at any time by giving written notice to the other party at least 30 days in advance prior to the scheduled enrollment for the voluntary worksite insurance program. Both parties will be fully discharged of obligation at that time.

Fraud Notice: Any person who knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information may be guilty of a crime and may be subject to fines and imprisonment.

Applicable in AR and LA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in KS: Any person who knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information may be guilty of insurance fraud as determined by a court of law.

Applicable in OK: **WARNING:** Any person who knowingly and with intent to injury, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Sponsor/Employer Name: _____

Sponsor/Employer Signature: _____ Date: _____

Agent Signature: _____ Date: _____

Requested Effective Date for Group Non-Contributory Group Accidental Death and Dismemberment Policy:



P O Box 35768
Tulsa, OK 74153
1-800-725-5433

This Group Policy is issued to the Group Policyholder named in the Schedule of Benefits. This Group Policy is issued in consideration of a completed Application and Agreement.

We agree to pay benefits in accordance with the provisions of this Group Policy.

EFFECTIVE DATE

This Group Policy and the insurance provided by it become effective at 12:00 a.m., Standard Time at the Group Policyholder's address on the Effective Date shown on the Schedule of Benefits.

RIGHT TO RENEW

Subject to the Termination of Policy provision, this Group Policy can be renewed after the First Renewal Date from month to month upon mutual agreement between the Group Policyholder and the Company.

A handwritten signature in black ink, appearing to read 'Russell J. McGill'.

President

A handwritten signature in black ink, appearing to read 'Cynthia A. Taylor'.

Secretary

**NON-CONTRIBUTORY GROUP INSURANCE POLICY
ACCIDENTAL DEATH AND DISMEMBERMENT
NON-PARTICIPATING**

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SCHEDULE OF BENEFITS

GROUP POLICY NUMBER:	[123]	FIRST RENEWAL DATE:	[April 1, 2012]
GROUP POLICYHOLDER:	[ABC Employer]	ANNIVERSARY DATE:	[March 1 of the year following the year of the Effective Date]
EFFECTIVE DATE:	[March 1, 2012]	GROUP POLICY TERMINATION DATE:	The [Minimum 1 st ; Maximum 10 th in increments of 1 year] Anniversary Date

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

ACCIDENTAL DEATH BENEFIT

Employee [under age 65] [Minimum \$1,000; Maximum \$10,000 in increments of \$100]

ACCIDENTAL DISMEMBERMENT BENEFIT PRINCIPAL SUM

Employee [under age 65] [Minimum \$1,000; Maximum \$10,000 in increments of \$100]

[Benefits reduce [25%] at age intervals of 65, 75, 80 and 85]

DEFINITIONS

When used in this Group Policy, the following words and phrases have the meaning given.

COMPANY; WE; US; OUR: Leaders Life Insurance Company.

COVERED PERSON: The eligible Employee of the Group Policyholder who is covered under this Group Policy.

EMPLOYEE: A person employed by the Employer who is the Group Policyholder of this Group Policy.

GROUP POLICYHOLDER: The Employer named in the Schedule of Benefits as the Group Policyholder who has signed the Application and Agreement for this Group Policy.

INJURY: Bodily injury caused by an accident. The accident must occur while the Covered Person's insurance is in force under this Group Policy. The Injury must be the direct cause of the loss and must be independent of all other causes. The Injury must not be caused by or contributed to by illness or sickness.

LOSS: The death of the Covered Person and conditions as described in the Accidental Dismemberment provision of this Group Policy.

PHYSICIAN: A licensed practitioner of the healing arts licensed in the State in which he or she is resident and operating within the scope of his or her license. The Physician may not be the Covered Person or a member of the Covered Person's immediate family.

ELIGIBILITY AND EFFECTIVE DATES FOR EMPLOYEE COVERAGE

ELIGIBILITY

All Employees of the Group Policyholder age 18 and over are eligible for insurance under this Group Policy.

EFFECTIVE DATE

All eligible Employees will become insured under this Group Policy [on the date] [on the first day of the month following the date] the Employee has completed and signed the Employee Enrollment Form.

TERMINATION DATES FOR EMPLOYEE COVERAGE

A Covered Person's coverage under this Group Policy ends on the earlier of the following:

1. The date this Group Policy terminates; or
2. [The date] [The last day of the month following the date] the Covered Person is no longer an Employee of the Group Policyholder.

Termination of a Covered Person's coverage under this Group Policy will not prejudice any claim originating prior to the Covered Person's termination, subject to all other terms of this Group Policy.

POLICY BENEFITS

ACCIDENTAL DEATH BENEFIT

If a Covered Person dies, We will pay the applicable Accidental Death Benefit shown in the Schedule of Benefits to the Covered Person's beneficiary provided the Covered Person's death occurred:

1. As a direct result of an Injury; and
2. Within 365 days of the accident causing the Injury.

ACCIDENTAL DISMEMBERMENT BENEFITS

If a Covered Person suffers a Loss shown below, We will pay the applicable Accidental Dismemberment Benefit shown in the Schedule of Benefits and applicable to the Loss shown below to the Covered Person provided the Loss occurred:

1. As a direct result of an Injury; and
2. Within 365 days of the accident causing the Injury.

ACCIDENTAL DISMEMBERMENT BENEFIT SCHEDULE OF LOSSES

LOSS	PERCENT OF PRINCIPAL SUM
Both Hands; both Feet or Sight of both Eyes	100%
One Hand and one Foot	100%
One Hand and Sight of one Eye	100%
One Foot and Sight of one Eye	100%
Speech and Hearing	100%
One Hand, one Foot or Sight of one Eye	50%
Speech or Hearing	50%
Thumb and Index Finger of Same Hand	25%

For purposes of this benefit, "Loss" is defined as follows:

Loss of Hand: Complete severance at or above the wrist joint.

Loss of Foot: Complete severance at or above the ankle joint.

Loss of Sight: Total and irrecoverable loss of sight.

Loss of Speech: Total and irrecoverable loss of speech.

Loss of Hearing: Total and irrecoverable loss of hearing.

Loss of Thumb and Index Finger: Complete severance at or above the metacarpophalangeal joint.

Loss of Sight must be certified by a licensed Physician specializing in ophthalmology and certified by the American Board of Ophthalmology.

Loss of Speech and Hearing must be certified by a licensed Physician specializing in otolaryngology and certified by the American Board of Otolaryngology.

Any amount paid for any of the above Losses will be deducted from any benefit payable for loss of life resulting from the same accident.

If the Covered Person sustains more than one Loss from one accident, We will pay for the Loss which has the greatest benefit. Payment will be made only for the Loss that results from that accident, without regard to any Loss from a prior accident.

EXPOSURE AND DISAPPEARANCE

If, by reason of an accident not excluded under this Group Policy, a Covered Person, while covered under this Group Policy, is unavoidably exposed to the elements and as a result of such exposure, suffers a covered Loss and a benefit is otherwise payable, the Loss will be covered by this Group Policy.

If a Covered Person, while covered under this Group Policy, is involved in an accident not excluded under this Group Policy which results in the sinking or wrecking of a licensed public conveyance in which he or she was a passenger and his or her body is not located within one year of such accident, it will be presumed that the Covered Person died as a result of an Injury.

EXCLUSIONS

We will not pay a benefit for Loss of a Covered Person which is caused by, results from or is contributed to by:

1. Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane;
2. Declared or undeclared war or any act of war;
3. Full-time military service;
4. Participation in a riot or committing an assault or felony;
5. Sickness or its medical or surgical treatment, including diagnosis;
6. Bacterial infection except through a wound accidentally sustained;
7. Operating or riding in any kind of aircraft except as a fare-paying passenger on a regularly schedule commercial flight;
8. Alcohol intoxication as defined in the State where the accident occurred;
9. Taking any drug, medication, narcotic or hallucinogen, unless as prescribed by a Physician;
10. Taking of alcohol in combination with any drug, medication or sedative;
11. Voluntary gas inhalation or poison voluntarily taken, administered or inhaled; or
12. Riding or driving as a professional in any kind of race for prize money or profit.

CLAIM PROVISIONS

BENEFICIARY

The Covered Person selects the person to be his or her beneficiary at the time of enrollment on the Employee Enrollment Form or any other form We provide. If more than one beneficiary is named without stating their respective interests, they will share equally. If a beneficiary dies before the Covered Person, that person's interest ends. The beneficiaries that survive will share equally unless the Covered Person makes a written request otherwise to and accepted by the Company.

While the Covered Person is living, a change of beneficiary may be made by filing a written request in a form acceptable to the Company. A change shall not take effect until recorded at the Home Office of the Company. When so recorded, the change shall take effect on the date the request was signed. Such change will be subject to any payment made by the Company before the change was recorded.

NOTICE OF CLAIM

We must be given written notice of claim within 20 days after a covered Loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible.

The notice must contain the Covered Person's name and enough information to identify the Covered Person. Notice may be mailed to Our Home Office or to Our agent.

CLAIM FORMS

When We receive notice of claim, the Covered Person or, in the case of Loss of life, the Covered Person's beneficiary will be sent forms to file Proof of Loss. If the forms are not sent within 15 days after We receive notice, then the Proof of Loss requirements will be met by giving Us a written statement of the nature and extent of the Loss. This must be sent to Us within the time limit stated in the Proof of Loss provision.

PROOF OF LOSS

Written proof must be sent to Us within 90 days after the date the Loss occurs. If it was not reasonably possible to give Us written proof within 90 days, We will not reduce or deny a claim for this reason if proof is filed as soon as reasonably possible.

PAYMENT OF CLAIMS

Claims for benefits will be paid as soon as written Proof of Loss is received by the Company.

Benefits for Loss of life will be paid in accordance with the beneficiary designation in effect at the time of payment. All other benefits are paid directly to the Covered Person, unless otherwise directed. If a benefit is unpaid at the Covered Person's death or if We determine the Covered Person is not able to give a valid receipt for payment, We will pay an amount up to \$1,000 to any relative by blood or marriage whom We deem to be equitably entitled.

If a beneficiary is a minor and there is no parent or legal guardian, or if the beneficiary cannot give a valid release, the benefit will be paid to the person or institution We determine has assumed custody or support of the beneficiary.

Any payment that We make in good faith will fully discharge Us to the extent of that payment.

OPTIONAL SETTLEMENT METHODS

The Covered Person or the beneficiary after the Covered Person's death, may elect to have loss of life benefits paid in installments. Such election must be sent to Us in writing. The amount and terms of the installments will be those which We offer at the time of election.

RIGHT OF RECOVERY

If payments for claims exceed the maximum amount payable under the provisions of this Group Policy, We have the right to recover the excess of such payments.

PHYSICAL EXAMINATION AND AUTOPSY

At Our expense, We have the right to have the Covered Person examined as often as necessary while a claim is pending. At Our expense, We may require an autopsy unless the law forbids it.

LEGAL ACTIONS

No action may be brought to recover against this Group Policy within 60 days after written Proof of Loss has been given. No such action will be brought after three years from the time written Proof of Loss is required to be given.

TERMINATION OF GROUP POLICY

This Group Policy will automatically terminate at 12:00 a.m., Standard Time at the Group Policyholder's address on the Group Policy Termination Date shown in the Policy Schedule. Prior to that date:

1. We may terminate this Group Policy at any time following the First Renewal Date by giving the Group Policyholder written notice at least 31 days in advance; or
2. The Group Policyholder may terminate this Group Policy at any time following the First Renewal Date by giving Us written notice at least 31 days in advance.

Termination of this Group Policy will not prejudice any claim originating prior to termination, subject to all other terms of this Group Policy.

We will provide written notice of termination to the Group Policyholder and the Group Policyholder will provide appropriate notice of such termination to Covered Persons.

GENERAL PROVISIONS

ENTIRE CONTRACT

This Group Policy is a legal contract between the Group Policyholder and the Company. This Group Policy, including the attached Application and Agreement, is the entire contract. All statements made shall, in the absence of fraud, be considered representations and not warranties. No statement will be used by Us to void or reduce benefits under this Group Policy unless that statement is a part of the Application and Agreement attached to this Group Policy when issued.

CHANGES IN THIS GROUP POLICY

This Group Policy may be changed at any time by written agreement between the Group Policyholder and the Company and signed by an authorized Company officer and attached to this Group Policy. Only the President, a Vice-President, Secretary or an Assistant Secretary is so authorized.

INCONTESTABILITY

The Company will not contest this Group Policy after it has been in force for two years from the Effective Date. No statement made by a Covered Person can be used in a contest after his or her insurance has been in force for two years during his or her lifetime. No statement a Covered Person makes can be used in a contest unless it is in writing and signed by the Covered Person.

NON-PARTICIPATING

This Group Policy is a non-participating policy; it does not share in Our surplus.

CERTIFICATES

We will issue a certificate to each Covered Person. It will state the essential features of the insurance to which the Covered Person is entitled. This will include what benefits are payable and to whom, procedures to be followed in filing a claim and any other provision of this Group Policy which apply to Covered Persons.

The certificate is not a part of this Group Policy. Any conflict between the terms of the certificate and this Group Policy will be decided in favor of this Group Policy.

RECORDS AND NECESSARY INFORMATION

Sufficient records must be maintained by the Group Policyholder to show the names of all Covered Persons, the dates they became insured and any such other information required to administer this Group Policy. We must receive sufficient information to administer this Group Policy. We have the right to inspect any of the Group Policyholder's records as required to carry out all the provisions of this Group Policy.

CLERICAL ERROR

Clerical errors or delays in keeping records for this Group Policy will not deny insurance which would otherwise have been granted; nor extend insurance which otherwise would have ceased.

WORKER'S COMPENSATION

This Group Policy is not a Worker's Compensation policy. It does not satisfy any requirement for coverage by Worker's Compensation insurance.



**NON-CONTRIBUTORY GROUP INSURANCE POLICY
ACCIDENTAL DEATH AND DISMEMBERMENT
NON-PARTICIPATING**

P.O. BOX 35768
TULSA, OKLAHOMA 74153-0287

GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Underwritten by Leaders Life Insurance Company

EMPLOYEE ENROLLMENT FORM

Please print

Name of Employer

Employee Name (First, Middle Last)

Beneficiary

Relationship

I apply for the insurance for which I am eligible under the provisions of the group policy issued to my employer by Leaders Life Insurance Company.

Signature of Employee

Date

EMPLOYER/OFFICE USE

Group Policy Number: _____

Group Policy Effective Date: _____

Certificate Number: _____

Certificate Effective Date: _____

Certificate Termination Date
(unless terminated earlier as
provided in the Group
Policy): _____

NON-CONTRIBUTORY GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE CERTIFICATE

This Certificate explains the plan of insurance underwritten by Leaders Life Insurance Company issued to the Group Policyholder named in the Schedule of Benefits.

We agree to pay benefits in accordance with the provisions of the Group Policy. Benefits under this Certificate are payable only for expenses incurred while a Covered Person's insurance is in force under the Group Policy. No agent has the right to change the Group Policy or to waive any part of it.

The Group Policy under which this Certificate is issued may be amended or cancelled at any time as stated in its provisions. Such action may be taken without the consent of or notice to any person who claims rights or benefits under the Group Policy.

This Certificate replaces any previous certificate issued to the Covered Person for the coverage under the Group Policy.

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SCHEDULE OF BENEFITS

GROUP POLICY NUMBER:	As shown on attached Employee Enrollment Form	COVERED PERSON:	The Employee shown on attached Employee Enrollment Form
GROUP POLICYHOLDER:	The Employer shown on attached Employee Enrollment Form	CERTIFICATE NUMBER:	As shown on attached Employee Enrollment Form
GROUP POLICY EFFECTIVE DATE:	As shown on attached Employee Enrollment Form	CERTIFICATE EFFECTIVE DATE:	As shown on attached Employee Enrollment Form
		CERTIFICATE TERMINATION DATE:	As shown on attached Employee Enrollment Form

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

ACCIDENTAL DEATH BENEFIT

Employee [under age 65] [Minimum \$1,000; Maximum \$10,000 in increments of \$100]

ACCIDENTAL DISMEMBERMENT BENEFIT PRINCIPAL SUM

Employee [under age 65] [Minimum \$1,000; Maximum \$10,000 in increments of \$100]

[Benefits reduce [25%] at age intervals of 65, 75, 80 and 85]

DEFINITIONS

When used in this Certificate, the following words and phrases have the meaning given.

COMPANY; WE; US; OUR: Leaders Life Insurance Company.

COVERED PERSON: The eligible Employee of the Group Policyholder who is covered under the Group Policy.

EMPLOYEE: A person employed by the Employer who is the Group Policyholder of the Group Policy.

GROUP POLICYHOLDER: The Employer named as the Group Policyholder who has signed the Application and Agreement for the Group Policy.

INJURY: Bodily injury caused by an accident. The accident must occur while the Covered Person's insurance is in force under the Group Policy. The Injury must be the direct cause of the loss and must be independent of all other causes. The Injury must not be caused by or contributed to by illness or sickness.

LOSS: The death of the Covered Person and conditions as described in the Accidental Dismemberment provision of the Group Policy.

PHYSICIAN: A licensed practitioner of the healing arts licensed in the State in which he or she is resident and operating within the scope of his or her license. The Physician may not be the Covered Person or a member of the Covered Person's immediate family.

TERMINATION DATES FOR EMPLOYEE COVERAGE

A Covered Person's coverage under the Group Policy ends on the earliest of the following:

1. The Certificate Termination Date shown in the Schedule of Benefits;
2. The date the Group Policy terminates; or
3. [The date] [The last day of the month following the date] the Covered Person is no longer an Employee of the Group Policyholder.

Termination of a Covered Person's coverage under the Group Policy will not prejudice any claim originating prior to the Covered Person's termination, subject to all other terms of the Group Policy. The Group Policyholder will provide appropriate notice of termination to Covered Persons.

CERTIFICATE BENEFITS

ACCIDENTAL DEATH BENEFIT: If a Covered Person dies, We will pay the applicable Accidental Death Benefit shown in the Schedule of Benefits to the Covered Person's beneficiary provided the Covered Person's death occurred:

1. As a direct result of an Injury; and
2. Within 365 days of the accident causing the Injury.

ACCIDENTAL DISMEMBERMENT BENEFITS: If a Covered Person suffers a Loss shown below, We will pay the applicable Accidental Dismemberment Benefit shown in the Schedule of Benefits and applicable to the Loss shown below to the Covered Person provided the Loss occurred:

1. As a direct result of an Injury; and
2. Within 365 days of the accident causing the Injury.

ACCIDENTAL DISMEMBERMENT BENEFIT SCHEDULE OF LOSSES	
LOSS	% OF PRINCIPAL SUM
Both Hands; both Feet or Sight of both Eyes	100%
One Hand and one Foot	100%
One Hand and Sight of one Eye	100%
One Foot and Sight of one Eye	100%
Speech and Hearing	100%
One Hand, one Foot or Sight of one Eye	50%
Speech or Hearing	50%
Thumb and Index Finger of Same Hand	25%

For purposes of this benefit, "Loss" is defined as follows: Loss of Hand: Complete severance at or above the wrist joint. Loss of Foot: Complete severance at or above the ankle joint. Loss of Sight: Total and irrecoverable loss of sight. Loss of Speech: Total and irrecoverable loss of speech. Loss of Hearing: Total and irrecoverable loss of hearing. Loss of Thumb and Index Finger: Complete severance at or above the metacarpophalangeal joint.

Loss of Sight must be certified by a licensed Physician specializing in ophthalmology and certified by the American Board of Ophthalmology. Loss of Speech and Hearing must be certified by a licensed Physician specializing in otolaryngology and certified by the American Board of Otolaryngology.

Any amount paid for any of the above Losses will be deducted from any benefit payable for loss of life resulting from the same accident.

If the Covered Person sustains more than one Loss from one accident, We will pay for the Loss which has the greatest benefit. Payment will be made only for the Loss that results from that accident, without regard to any Loss from a prior accident.

EXPOSURE AND DISAPPEARANCE: If, by reason of an accident not excluded under the Group Policy, a Covered Person, while covered under the Group Policy, is unavoidably exposed to the elements and as a result of such exposure, suffers a covered Loss and a benefit is otherwise payable, the Loss will be covered by the Group Policy.

If a Covered Person, while covered under the Group Policy, is involved in an accident not excluded under the Group Policy which results in the sinking or wrecking of a licensed public conveyance in which he or she was a passenger and his or her body is not located within one year of such accident, it will be presumed that the Covered Person died as a result of an Injury.

EXCLUSIONS

We will not pay a benefit for Loss of a Covered Person which is caused by, results from or is contributed to by:

1. Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane;
2. Declared or undeclared war or any act of war;
3. Full-time military service;
4. Participation in a riot or committing an assault or felony;
5. Sickness or its medical or surgical treatment, including diagnosis;
6. Bacterial infection except through a wound accidentally sustained;
7. Operating or riding in any kind of aircraft except as a fare-paying passenger on a regularly schedule commercial flight;
8. Alcohol intoxication as defined in the State where the accident occurred;
9. Taking any drug, medication, narcotic or hallucinogen, unless as prescribed by a Physician;
10. Taking of alcohol in combination with any drug, medication or sedative;
11. Voluntary gas inhalation or poison voluntarily taken, administered or inhaled; or
12. Riding or driving as a professional in any kind of race for prize money or profit.

CLAIM PROVISIONS

BENEFICIARY: The Covered Person selects the person to be his or her beneficiary at the time of enrollment on the Employee Enrollment Form or any other form We provide. If more than one beneficiary is named without stating their respective interests, they will share equally. If a beneficiary dies before the Covered Person, that person's interest ends. The beneficiaries that survive will share equally unless the Covered Person makes a written request otherwise to and accepted by the Company.

While the Covered Person is living, a change of beneficiary may be made by filing a written request in a form acceptable to the Company. A change shall not take effect until recorded at the Home Office of the Company. When so recorded, the change shall take effect on the date the request was signed. Such change will be subject to any payment made by the Company before the change was recorded.

NOTICE OF CLAIM: We must be given written notice of claim within 20 days after a covered Loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible.

The notice must contain the Covered Person's name and enough information to identify the Covered Person. Notice may be mailed to Our Home Office or to Our agent.

CLAIM FORMS: When We receive notice of claim, the Covered Person or, in the case of Loss of life, the Covered Person's beneficiary will be sent forms to file Proof of Loss. If the forms are not sent within 15 days after We receive notice, then the Proof of Loss requirements will be met by giving Us a written statement of the nature and extent of the Loss. This must be sent to Us within the time limit stated in the Proof of Loss provision.

PROOF OF LOSS: Written proof must be sent to Us within 90 days after the date the Loss occurs. If it was not reasonably possible to give Us written proof within 90 days, We will not reduce or deny a claim for this reason if proof is filed as soon as reasonably possible.

PAYMENT OF CLAIMS: Claims for benefits will be paid as soon as written Proof of Loss is received by the Company.

Benefits for Loss of life will be paid in accordance with the beneficiary designation in effect at the time of payment. All other benefits are paid directly to the Covered Person, unless otherwise directed. If a benefit is unpaid at the Covered Person's death or if We determine the Covered Person is not able to give a valid receipt for payment, We will pay an amount up to \$1,000 to any relative by blood or marriage whom We deem to be equitably entitled.

If a beneficiary is a minor and there is no parent or legal guardian, or if the beneficiary cannot give a valid release, the benefit will be paid to the person or institution We determine has assumed custody or support of the beneficiary.

Any payment that We make in good faith will fully discharge Us to the extent of that payment.

OPTIONAL SETTLEMENT METHODS: The Covered Person or the beneficiary after the Covered Person's death, may elect to have loss of life benefits paid in installments. Such election must be sent to Us in writing. The amount and terms of the installments will be those which We offer at the time of election.

RIGHT OF RECOVERY: If payments for claims exceed the maximum amount payable under the provisions of the Group Policy, We have the right to recover the excess of such payments.

PHYSICAL EXAMINATION AND AUTOPSY: At Our expense, We have the right to have the Covered Person examined as often as necessary while a claim is pending. At Our expense, We may require an autopsy unless the law forbids it.

LEGAL ACTIONS: No action may be brought to recover against the Group Policy within 60 days after written Proof of Loss has been given. No such action will be brought after three years from the time written Proof of Loss is required to be given.

GENERAL PROVISIONS

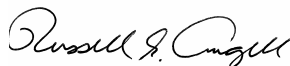
NON-PARTICIPATING: The Group Policy is a non-participating policy; it does not share in Our surplus.

EXAMINATION OF THE GROUP POLICY: The Group Policyholder must make a copy of the Group Policy available for inspection by any Covered Person. Such inspection must be allowed upon reasonable notice in a designated office.

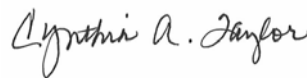
CLERICAL ERROR: Clerical errors or delays in keeping records for the Group Policy will not deny insurance which would otherwise have been granted; nor extend insurance which otherwise would have ceased.

WORKER'S COMPENSATION: The Group Policy is not a Worker's Compensation policy. It does not satisfy any requirement for coverage by Worker's Compensation insurance.

Signed by Leaders Life Insurance Company.



President



Secretary

SERFF Tracking Number:	EWLE-128064323	State:	Arkansas
Filing Company:	Leaders Life Insurance Company	State Tracking Number:	
Company Tracking Number:			
TOI:	H03G Group Health - Accidental Death & Dismemberment	Sub-TOI:	H03G.000 Health - Accidental Death & Dismemberment
Product Name:	Group Non Contrib ADD		
Project Name/Number:	/		

Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved	02/06/2012
Comments:		
Attachment:		
Readability certificate.pdf		

	Item Status:	Status
		Date:
Bypassed - Item: Application	Approved	02/06/2012
Bypass Reason: Application has been entered into the forms section.		
Comments:		

	Item Status:	Status
		Date:
Satisfied - Item: Compliance Certification	Approved	02/06/2012
Comments:		
Attachment:		
Compliance certificate AR.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Submission letter	Approved	02/06/2012
Comments:		
Attachment:		
Submission letter AR.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Variability Statement	Approved	02/06/2012
Comments:		

SERFF Tracking Number:	EWLE-128064323	State:	Arkansas
Filing Company:	Leaders Life Insurance Company	State Tracking Number:	
Company Tracking Number:			
TOI:	H03G Group Health - Accidental Death & Dismemberment	Sub-TOI:	H03G.000 Health - Accidental Death & Dismemberment
Product Name:	Group Non Contrib ADD		
Project Name/Number:	/		

Attachment:

VARIABILITY STATEMENT.pdf

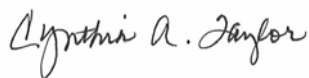
	Item Status:	Status Date:
Satisfied - Item: Authorization	Approved	02/06/2012
Comments:		
Attachment:		
FilingAuthorization-Lewis&Ellis.pdf		

Readability Certification

Insurance Company: Leaders Life Insurance Company

<u>Form Number</u>	<u>Description of Form</u>	<u>Score</u>
GNCADD-AA (02/12)	Application and Agreement for Group Policy	41.1
GNCADD-GP (02/12)	Group Policy	47.1
GNCADD-EE (02/12)	Employee Enrollment Form	52.5
GNCADD-CERT (02/12)	Certificate	46.9

I hereby certify that the above referenced form complies with the readability requirements of this State.



Authorized Signature

Cynthia Taylor

Name

Secretary

Title

February 2, 2012

Date

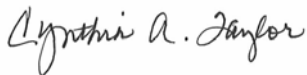
Compliance Certification

Insurance Company: Leaders Life Insurance Company

<u>Form Number</u>	<u>Description of Form</u>
GNCADD-AA (02/12)	Application and Agreement for Group Policy
GNCADD-GP (02/12)	Group Policy
GNCADD-EE (02/12)	Employee Enrollment Form
GNCADD-CERT (02/12)	Certificate

I hereby certify that in connection with the above referenced forms, Leaders Life Insurance Company will comply with the requirements of:

Rule & Regulation 19 pertaining to Unfair Sex Discrimination;
Rule & Regulation 49 pertaining to Guaranty Association Notices



Authorized Signature

Cynthia Taylor

Name

Secretary

Title

February 2, 2012

Date

Dallas

Glenn A. Tobleman, F.S.A., F.C.A.S.
S. Scott Gibson, F.S.A.
Cabe W. Chadick, F.S.A.
Michael A. Mayberry, F.S.A.
Steven D. Bryson, F.S.A.
Gregory S. Wilson, F.C.A.S.
David M. Dillon, F.S.A.
Bonnie S. Albritton, F.S.A.
Brian D. Rankin, F.S.A.
Sarah A. Hoover, F.S.A.
Wesley R. Campbell, F.S.A.
Jacqueline B. Lee, F.S.A.
Robert E. Gove, A.S.A.
J. Finn Knox-Seith, A.S.A.
Robert B. Thomas, Jr., F.S.A., C.F.A. (Of Counsel)

**Kansas City**

Gary L. Rose, F.S.A.
Terry M. Long, F.S.A.
David L. Batchelder, A.S.A.
Leon L. Langlitz, F.S.A.
Gary R. McElwain, FLMI
Christopher H. Davis, F.S.A.
Thomas L. Handley, F.S.A.
Anthony G. Proulx, F.S.A.
Karen E. Elsom, F.S.A.
Jill J. Humes, F.S.A.

London / Kansas City

Roger K. Annin, F.S.A.
Timothy A. DeMars, F.S.A.
Scott E. Morrow, F.S.A.

February 2, 2012

Arkansas Department of Insurance

RE: Leaders Life Insurance Company NAIC # 74799
Group Non-Contributory Accidental Death and Dismemberment Insurance
GNCADD-AA (02/12) Application and Agreement for Group Policy
GNCADD-GP (02/12) Group Policy
GNCADD-EE (02/12) Employee Enrollment Form
GNCADD-CERT (02/12) Certificate

Dear Sir or Madam:

This filing is being submitted on behalf of Leaders Life Insurance Company. The above referenced forms are submitted for your review and approval. These forms are new and are not intended to replace any previously approved forms.

The forms provide group non-contributory accidental death and dismemberment coverage for employer groups. Form GNCADD-AA (02/12) is the application and agreement for the group policy. Form GNCADD-GP (02/12) is the group policy. Form GNCADD-EE (02/12) is the employee enrollment form. Form GNCADD-CERT (02/12) is the certificate.

A variability statement is attached describing the use of bracketed items. Also attached is a Certification regarding Rule & Regulation 19 regarding unfair sex discrimination and Rule & Regulation 49 regarding Guaranty Association Notices.

When approved, form LL-ARK-NOT, the required complaint notice which was approved by your office on November 10, 2008, will be used in conjunction with these forms.

Should you have any questions or need additional information, please do not hesitate to call me at (972) 398-3733.

Sincerely,

A handwritten signature in cursive script that reads 'Suzanne Heasley'.

Suzanne Heasley, FLMI, CLU
Legal Assistant and Compliance Specialist



VARIABILITY STATEMENT

Form GNCADD-AA (02/12)

- The brackets for the Coverage Amount Per Covered Person for Accidental Death allow for the Company to insert the amount to be provided. The ranges for the available coverages are shown in the brackets.
- The brackets for the Coverage Amount Per Covered Person for Accidental Dismemberment Principal Sum allow for the Company to insert the amount to be provided. The ranges for the available coverages are shown in the brackets.
- The brackets around the reduction language under the Coverage Amount Per Covered Person allow for the Company to remove the statement totally and not provide for any reduction or to include the statement and provide for a reduction. If the statement is left in, the amount shown in the brackets for the percentage reduction is the maximum percentage reduction that will be applied at the various ages shown.
- The brackets around the maximum number of years of coverage allow for the Company to insert the number of years to be provided. The ranges for the available number of years are shown in the brackets.

Form GNCADD-GP (02/12)

- The brackets in the Policy Schedule allow for personalization of the policy to the Group Policyholder. The ranges shown in brackets for the Group Policy Termination Date, Accidental Death Benefit and Accidental Dismemberment Benefit Principal Sum are shown in the brackets.
- The brackets in the Policy Schedule for the ages of the employee as well as the reduction language allow for the Company to provide reductions or not to provide reductions. If no reductions are to be provided, the language in brackets will be removed. If reductions are to be provided, the language in brackets in the Accidental Death Benefit and Accidental Dismemberment Benefit Principal Sum ([under age 65]) will be left in. Further, the statement that benefits reduce will be left in and the amount shown in the brackets for the percentage reduction is the maximum percentage reduction that will be applied at the various ages shown.
- The brackets in the Effective Date provision of the Eligibility and Effective Dates for Employee Coverage section allow for the effective date to be either the date or the first day of the month following the date the employee has completed the Employee Enrollment Form.
- The brackets in the Termination Dates for Employee Coverage section allow for the termination date to be either the date or the last day of the month following the date the employee is no longer an employee of the Group Policyholder.

Form GNCADD-CERT (02/12)

- The brackets in the Schedule of Benefits for the ages of the employee as well as the reduction language allow for the Company to provide reductions or not to provide reductions. If no reductions are to be provided, the language in brackets will be removed. If reductions are to be provided, the language in brackets in the Accidental Death Benefit and Accidental Dismemberment Benefit Principal Sum ([under age 65]) will be left in. Further, the statement that benefits reduce will be left in and the amount shown in the brackets for the percentage reduction is the maximum percentage reduction that will be applied at the various ages shown.
- The brackets in the Termination Dates for Employee Coverage section allow for the termination date to be either the date or the last day of the month following the date the employee is no longer an employee of the Group Policyholder.



December 8, 2011

Re: Filing Authorization
Lewis & Ellis, Inc.
P. O. Box 851851
Richardson, TX 75085

To Whom It May Concern:

I hereby authorize Lewis & Ellis, Inc. (L&E) and any authorized representative of L&E to submit state filings of insurance applications/forms/rates/products on behalf of Leaders Life Insurance Company.

This authorization includes the power to provide necessary assurances and certifications related to such applications, forms, rates and/or products except as prohibited by law.

This authorization is to be effective until revoked in writing by an authorized representative of Leaders Life Insurance Company.

A handwritten signature in black ink, appearing to read 'Russell E. Angell', written over a horizontal line.

Russell E. Angell, CPA FLMI
President, Leaders Life Insurance Company